MARYLAND HEALTH CARE COMMISSION

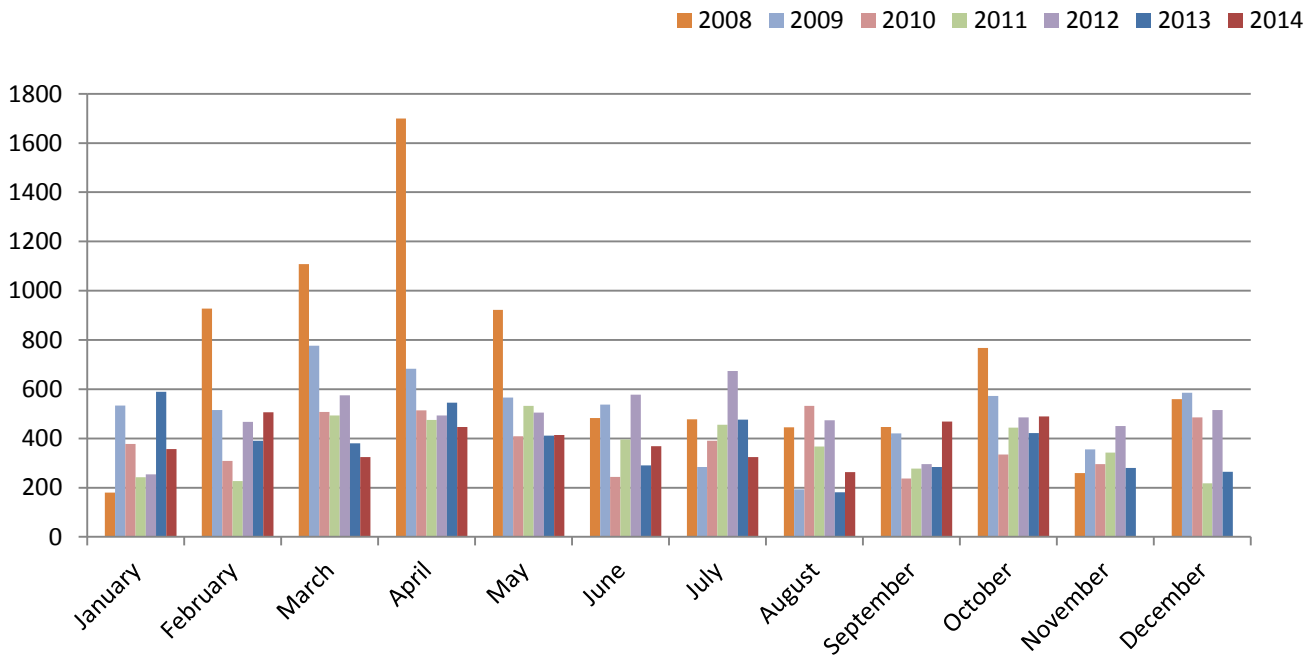
UPDATE OF ACTIVITIES

November 2014

EXECUTIVE DIRECTION

Maryland Trauma Physician Services Fund

Figure 1
Uncompensated Care Payments to Trauma Physicians, 2008-2014



Uncompensated Care Processing

CoreSource, Inc., the third party administrator (TPA) for the Trauma Fund, adjudicated claims with a total paid value of $468,396 September and $489,086 for October of 2014. The monthly payments for uncompensated care from January 2008 through October 2014 are shown above in Figure 1.

CENTER FOR ANALYSIS AND INFORMATION SYSTEMS

Cost and Quality Analysis

MCDB Web Portal and ETL Development

The second release of the MCDB Web Portal and ETL Development will be launched on November 24, 2014 and will receive data for 2014 Q3. This release features the addition of a messaging and waiver module on the front-end (web portal) and the addition of tier 2 (threshold) validations on the back-end (ETL). The waiver module will permit payors to submit requests for format modifications, waivers, and extensions, monitor progress of their requests, and view all approved requests. Once approved, the format modifications, waivers, and extensions modify the business rules used for the automated processing of data in the ETL system. Most commonly, these modify the business rules for tier 2 validations. The messaging module provides a secure communication portal. All data submission related communication will occur in the portal; payors will be sent email alerts when they have pending messages. The ETL system will send automated notifications via the messaging module when data processed either passes validations or is rejected with accompanying reasons, data examples, and requests for explanations. In addition, MHCC and SSS staff will be able to communicate with payors via the messaging module, as needed. Webinars are planned during the week of November 17, 2014 to train payors on the new features and to provide a forum for payors to ask questions.

This second release is on schedule, and preparations have begun for release three, which will feature expanded ETL automated processing (e.g. tier 3 cross-field validations), a management report module, and enhancements to the data warehouse and data marts.

MCDB Data Submission and File Status

All payors have successfully submitted 2013 data, and re-submitted, as needed. These data have been processed with initial release of data to IMPAQ, the vendor for evaluation of the PCMH demonstration program, and to Discern, the vendor for shared savings calculation. SSS is preparing the final annual file with complete documentation. Files are being streamlined and have a revised variable naming convention that will be easier to understand for new users when the data is released. Also, a separate eligibility file format has been developed for the Maryland Insurance Administration to support their rate review activities.

SSS has been processing 2014 Q1 and Q2 submissions and providing feedback to payors, as needed. Resubmissions have been necessary, particularly for the first-time submitters. Payors have been updating their submission process based on feedback for resubmissions of Q1 and Q2 data and in preparation for Q3 data submissions.

Development of the 2015 MCDB Submission Manual

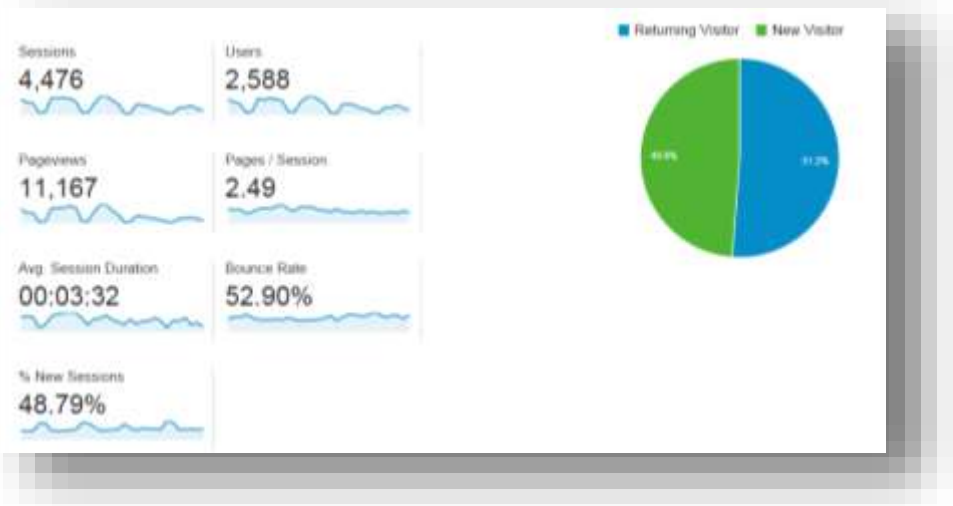
Each year, Commission Staff update the MCDB Submission Manual to streamline reporting, respond to feedback, and address new data needs. A major emphasis this year has been on collaborating with payors to review planned changes and streamlining the reporting process. Staff worked to substantially reduce the documentation requirements, and instead let the ETL system produce reports for payor review and verification. In addition, fields required have been streamlined and thresholds refined to make the format modification and waiver request process more straightforward. Clarifications have been made, where appropriate and based on feedback from payors, and have the format of the manual has been revised to make it easier to read and use. New fields added to better capture claim adjustments, voids, and replacements; these changes were made based on payor responses to a survey and discussions with payors. Staff will seek approval of the 2015 Submission Manual at the Commission Meeting on November 20, 2014.

Upcoming Reports

Staff has been working on two legislative reports to evaluate laws passed related to: (1) Assignment of Benefits; and (2) divestment of MRI machines from physician practices. Staff has previously conducted a baseline analysis for the Assignment of Benefits legislation. In addition to updating the MCDB claims and Board of Physicians license renewal database analysis, MHCC and SSS staffs have met with the four major payors to understand their perspectives on the impacts of the legislation and to best understand and interpret findings from claims analyses. In addition, staff has conducted a survey to capture payor experience, such as the legislation's impact on provider network participation.

Staff contracted with Braid-Forbes Health Research to conduct the MRI study. Staff has received input from the legislature and physician groups. The study identified practices affected by the legislation (case practices) and selected two sets of comparison practices (control practices) for the analysis. MRI usage patterns were evaluated at baseline (2010) and following passage of the legislation (2012). Preliminary results from the study will be presented at the Commission Meeting on November 20, 2014.

Figure 2 - Data from Google Analytics for the month of October 2014



- **Bounce rate is the percentage of visitors that see only one page during a visit to the site.**

Internet Activities

As shown in the chart above, the number of sessions to the MHCC website for the month of October 2014 was 4,476 and of these, there were 48.79% new sessions. The average time on the site was 3:32 minutes. Bounce rate of 52.90 is the percentage of visitors that see only one page during a visit to the website and is included in the percentage rate of both unique and returning visitor categories.

Typically, visitors to the MHCC website arrive directly, by entering an MHCC URL or referencing our saved URL, via a search engine such as Google, or from a referral through another State site. Visitors who arrive directly are typically aware of MHCC, but visitors arriving via search engines and referrals are more likely to be new users.

The highest referral source was from the mhcc.maryland.gov. Other government agencies include dhmh.maryland.gov, Maryland.gov and crisphealth.org. Among the most common search keywords in October were:

- "Maryland Health Care Commission"
- "MHCC"

Table Web Applications Under Development

Board	Anticipated Start Development/Renewal	Start of Next Renewal Cycle
PCMH Million Hearts	Completed?Live	Converted QM survey to Multi-Survey design to accommodate Million Hearts Survey
PCMH Public Site	Updates	Migrated to Cloud Server
PCMH Portal (Learning Center & MMPP)	On-going Maintenance	Migrated to Cloud Server
PCMH Practices Site (New)	On-going Maintenance	QM Completed Case Management Survey Live
Boards & Commissions Licensing Sites (13 sites)	On-going Maintenance	
Boards & Commissions Licensing Site(13 sites)	Redesign New Credit card Interface	All Live Social Work Live Diet Live Massage Therapy Live Board of Professional Counselors and Therapists Board of Examiners of Podiatrist
Physician Licensing	Completed	Pre-populated database. New HIT questions. New HIT Navigation
Health Insurance Partnership Public Site		Migrated to Cloud Server
Health Insurance Partnership Registry Site	Monthly Subsidy Processing On-going Maintenance	Auditing payments for several employers (Ongoing)
Hospice Survey 2014	Completed 2014	(Ongoing)
Long Term Care 2013 Survey	Completed 2014	Exported LTC HIT Survey Questions
Hospital Quality Redesign	Planning	
MHCC Assessment Database	On-going Maintenance	
IPad/IPhone App for MHCC	Development	Ongoing
npPCI Waiver	Quarterly Report finished	(Ongoing)
MHCC Web Site	LIVE	Industry Site Completed Web Editor Completed Splash page and Consumer page under developmnt

Network Operations & Administrative Systems (NOAS)

Information Technology Newsletter

The November 2014 IT Newsletter has been released, containing helpful information about MHCC IT systems and services. This newsletter is the 27th edition of the NOAS News & Notes newsletter. Features:

- Restoring contacts within @maryland.gov email system
- Reminder of proper procedure in closing Conference Room 101

Commission Meetings Available on YouTube
The October 2014 recording of the commission meeting is available on the Commission's YouTube site. Go to www.youtube.com and search for "Maryland Health Care Commission" to find the links for the video presentation. The direct link to the meeting is: http://youtu.be/oPcl2lf4-t8.

Upgrade to Microsoft Office
76% of the eligible workstations have been upgraded from Microsoft Office 2007 to Microsoft Office 2013.

Special Projects

Health Insurance Rate Review and Health Care Pricing Transparency:
CCIIO Cycle III and Cycle IV Grants
During the Fall of 2013, CMS awarded a federal grant to MHCC, under its Cycle III rate review/medical pricing transparency grant program, for nearly $3 million over a 2-year time period (October 1, 2013 through September 30, 2015). This grant funding allows MHCC to assist the MIA in rate review activities, and enhance Maryland's medical pricing transparency efforts. The grant money is used to speed up processing of MCDB data submissions so that the MIA has timely access to the data. The funds also will be used to create software that will automatically generate measures the MIA deems important for rate review. The accelerated processing of MCDB data submissions is being achieved through the use of Extract, Transform and Load (ETL) software that screens data submissions for quality and completeness at the point of data submission and rejects submissions that do not comply with the screening criteria. The ETL software was obtained through SSS, our current database/ETL contractor, and includes the flexibility to employ payer-specific screening criteria that reflects waivers granted to payers by the MHCC for deviations from established data completeness thresholds. SSS tested the ETL portal in August, held three training webinars on the portal for all payers, and the portal went live for carrier data submission on September 30th. Quarter 1 and Quarter 2 2014 data submissions continue to run smoothly, with Quarter 3 data submissions projected to begin by November 30th.

On September 19th, MHCC was awarded a Cycle IV federal grant from CMS/CCIIO, totaling more than $1.1 million dollars over a two-year time period (September 19, 2014 through September 18, 2016), to further expand the MCDB to support additional rate review and pricing transparency efforts in Maryland.

Freedman Healthcare, MHCC's Project Management Office (PMO), continues to manage the duties of the database/ETL contractor to ensure that all milestones established in the Cycle III and Cycle IV grants are met. MHCC's Methodologist assists the PMO with specific grant initiatives; i.e., MCDB decision support to the MIA in evaluating the MCDB for rate review activities.

CENTER FOR HEALTH CARE FACILITIES PLANNING AND DEVELOPMENT

Acute Care Policy and Planning

State Health Plan Update: COMAR 10.24.15, Organ Transplant Services
The Organ Transplantation Work Group had its first meeting on October 14th. Staff distributed a detailed draft meeting summary to members of the work group and has posted it on the MHCC web site. Staff also made minor corrections to the White Paper distributed at the first meeting and began planning for the second work group meeting, which will likely be held in January 2015. The primary topic of discussion at the first meeting of the Work Group was the minimum volume and threshold volume standards of the current State Health Plan.

Implementation of COMAR 10.24.17, Specialized Cardiac Surgery and Percutaneous Coronary Intervention (PCI) Services
In anticipation of the first meeting of the Cardiac Services Advisory Committee (CSAC) on November 5th, staff prepared material outlining recommendations and discussion questions related to elaborating requirements for external peer review of PCI cases, the main topic on the agenda for the first meeting. At the October 16th Commission meeting, Eileen Fleck proposed that the Commission approve an additional member for the CSAC, Josemartin Ilao, who could provide a consumer's perspective. His nomination was approved by the Commission.

Staff began planning for an audit of the Society of Thoracic Surgeons (STS) data being collected from hospitals with cardiac surgery. Data collection began this year.

A utilization projection for cardiac surgery was published in the *Maryland Register* on October 31, 2014. The projection reflects a declining trend in cardiac surgery, with fewer cases projected for years 2013-2018. For a hospital seeking a Certificate of Need to add cardiac surgery services, the cardiac surgery utilization projection would have to be addressed as part of the CON application review process.

Acute Rehabilitation Services
The gross and net acute rehabilitation bed need projections by health planning region were published in the *Maryland Register* on October 17, 2014. The projections are the same as the projections published in the *Maryland Register* on June 27, 2014 with one exception. The bed capacity in Montgomery County has been corrected; The projections published in June incorrectly identified the bed capacity as 77 beds; the correct bed capacity is 87 beds.

Certificates of Conformance
Staff continues to review the applications from Carroll Hospital Center and Upper Chesapeake Medical Center to establish elective PCI services. Staff anticipates final action on these requests in December.

Study of the Impact of Rate Setting for Freestanding Emergency Departments
Staff began working on the data analysis required for completion of this study, which is due by the end of 2014. The study will be followed by development of a new State Health Plan chapter for freestanding medical facilities, planned for adoption in 2015.

Long Term Care Policy and Planning

Minimum Data Set Project
Commission staff continues to work with Myers and Stauffer (contractor) via bi-weekly phone conference calls to develop and further refine the MDS Manager program, which now includes MDS 2.0, as well as MDS 3.0 and its various updates. Work has been completed on programming MDS data to support the Consumer Guide for Long Term Care; this includes analysis of long-stay and short-stay patients. Work is underway on programming MDS data to support the Long Term Care Survey.
We are also working jointly with Myers and Stauffer and the Office of Health Care Quality (OHCQ) to review Section S (state-specific portion of MDS) in order to assess the level of completeness and to ensure that facilities provide complete Section S data. This has been completed on a facility-specific level. Staff has drafted a letter to be sent jointly with OHCQ to indicate to facilities their level of completeness for Section S, and the need to furnish complete data. A conference call with OHCQ was held on October 6th to discuss the implementation of this effort.

Hospital Palliative Care Study
The status of this project, as well as updates are posted on the Commission's website at:
http://mhcc.dhmh.maryland.gov/Pages/HPCP_Project.aspx
Staff has obtained data from the Center to Advance Palliative Care (CAPC) for nine of the participating Maryland hospitals for 2012. It is expected that 2013 data will be available soon. Staff also has received preliminary data from the Maryland Cancer Collaborative Survey.

Long-Term Care Policy & Planning Division staff attended the Third Annual Baltimore-Washington Palliative Medicine Symposium held on October 23rd. Carmela Coyle, President of the Maryland Hospital Association presented an overview of health policy changes in Maryland. Other presentations included: Jill Johnson, who presented the personal impact of dealing with end of life issues; Dr. Christopher Kearney discussing "Transdisciplinary Teams", which include a team composed of varied disciplines who "reach into the spaces between disciplines" to learn from each other; Rene Mayo, who presented background on preparation for The Joint Commission accreditation process for palliative care; Dr. Simran Malhorta, who described the personal issues of dealing with end-of-life care in various cultures; Dr. Kathryn Walker described an innovative project funded by Verizon which provided wireless tablets to patients experiencing heart failure to permit them to have clinical conferences via skype, to check educational resources and physician recommendations, to update medications; Terry Altilio of Beth Israel Hospital in NY discussed the need to focus on the patient and family needs during family conferences.

Hospice Survey

Data submission for the FY 2013 Maryland Hospice Survey has been completed. Hospices received notice that the survey was ready for data entry effective Wednesday, March 12, 2014. Part I of the survey was due by May 12, 2014. All Part I surveys have been completed. Part II of the survey was due by June 11, 2014. All Part II surveys have now been submitted. Staff has reviewed the surveys and conducted follow up where data was inconsistent. Staff also provided technical assistance to hospice providers to assist with surveys as needed. During the past month, staff noticed anomalies in the total patient days variable. As a result, staff did more follow-up with multiple providers to verify their data. Once this is corrected and updated, the public use data set will be developed.

Hospice Education and Outreach

During the 2014 legislative session, Senate Bill 646 State Health Plan- Licensed Hospice Programs-Certificate of Need Review, was introduced, but did not pass. As a result of discussions between the Commission, staff of the Hospice and Palliative Care Network of Maryland, and members of the General Assembly, it was agreed that the Commission would convene workgroups on hospice education and outreach. Since the initial hospice need projections indicate need in Baltimore City and Prince George's County, the initial workgroup focus would be in those jurisdictions. In preparation for convening the workgroup, Commission staff met with providers serving those counties. On June 18th, staff met with representatives of the nine providers authorized to serve Prince George's County. Similarly, on July 7th, staff met with representatives of the eight hospices authorized to serve Baltimore City.

The first meeting of the Prince George's Hospice Education and Outreach Work Group was held on October 10, 2014 at the Prince George's County Health Department. At that meeting, staff made a presentation on trends in use of hospice, demographic factors in hospice use, and results of previous meetings with local hospices. Dr. Stephen B. Thomas, Director of the Maryland Center for Health Equity at the University of Maryland School of Public Health, and a Commissioner, made a presentation entitled: "End of Life in Black and White: Building Trust between Hospice Providers and the African American Communities." He also led a discussion of why African Americans resist making effective use of hospice services. There was also a discussion of next steps for providers in reaching out to improve hospice utilization. Delegate Joslyn Pena-Melnyk participated in this meeting.

The first meeting of the Baltimore City Work Group was held on October 28, 2014 at MHCC's offices. Invited participants for both meetings included: legislators, hospice providers, hospitals, clergy, and the local health department. At this meeting, staff also presented trends in hospice use. For this meeting, there was a three-member panel. Arnold Eppel, Director, Office of Aging and CARE Services, Baltimore City Health Department, discussed his efforts in education and outreach in the African American community. He has worked with many churches, and also has done presentations at Senior Centers and has arranged tours of hospices for clergy. GI Johnson, of the Church Outreach Initiative, Department of Aging, described his work with Mr. Eppel, helping him to gain entrée into the African American churches. Dr. Kerry Schnell, Johns Hopkins Bayview presented the results of her research on the

educational initiatives and their impact on participants. Delegate Peter Hammen participated in the meeting.

At both meetings, Ben Steffen emphasized that this is a hospice-led effort, with the Commission as the meeting convener. He said that the Commission relies on the hospice providers to develop new initiatives for expanding use. He urged hospices to meet and brainstorm about the next steps.

Updating the Home Health Agency Chapter to the State Health Plan
Commission staff is drafting a paper proposing a conceptual framework for regulating home health agency (HHA) services in Maryland in preparation for updating the HHA Chapter of the State Health Plan. This background paper describes the current landscape of Maryland's HHA industry including the supply and geographic distribution of HHAs, as well as utilization trends and underlying factors contributing to changes in utilization. Agency-specific quality and performance scores publically reported on CMS' Home Health Compare, based on process and outcome measures as well as experience of care measures, are also reviewed and described.

Home Health Agency Survey Data
Sixty providers participated in the FY 2013 Maryland Home Health Agency Survey that ended on June 11, 2014. 100% of the surveys were accepted by the Commission. The data has been audited and statistical reports have been created. The two providers that were fined for non-compliance paid their invoices.

Long Term Care Survey
Seven hundred and twenty-two (722) facility surveys have been submitted and accepted, including 233 comprehensive care facilities, 373 assisted living facilities, 110 adult day care centers, and 6 chronic hospitals.

The Commission issued fines on nine (9) facility providers for non-compliance by the survey due date of May 29, 2014. The DHMH Office of General Accounting issued the invoices and will follow up with the providers and notify the Commission when the invoices are paid. To date four (4) facility providers have paid the fine.

Staff continues to work on cleaning and analyzing the data for the creation of reports and public use data sets.

Certificate of Need

CON Applications Filed

Hospice of Washington County – (Washington County) – Matter No. 14-21-2356
Construction of a 12-bed inpatient hospice on an unimproved lot at the intersection of Yale Drive and Medical Campus Road in Hagerstown, changing the bed capacity of this general hospice.
Estimated Cost: $6,951,000

Season's Residential Treatment Program (Prince George's County) – Matter No. 14-16-2357
Establishment of an 80-bed residential treatment center to be located at 13400 Edgemeade Road, in Upper Marlboro.
Estimated Cost: $3,693,760

Change in Approved CON Filed

NMS Healthcare of Hagerstown, LLC – (Washington County) – Docket No. 10-21-2307
Increase in cost and change in financing mechanism for construction and renovation to replace comprehensive care facility bed capacity and add 20 beds.
New Cost Estimate: $12,426,019, an increase of $976,729 (8.5%) in the previously approved project cost

Application Review Conference

- Prince George's Hospital Center – (Prince George's County)
  October 10, 2014

Determinations of Coverage

- **Ambulatory Surgery Centers**

George Thomas Grace, M.D. Surgery Center – (Baltimore City)
Expansion and replacement of the procedure room at the surgery center

Allegany Ambulatory Surgery Center. LLC – (Allegany County)
Change in the operating hours of the surgery center

Dulaney Eye Institute – (Baltimore County)
Addition of a procedure room to the surgery center

Lutherville Endoscopy Center – (Baltimore County)
Addition of the a new surgical specialty (urology) to the surgery center

Mount Air Surgery Center, LLC – (Frederick County)
Voidance of a determination of non-coverage for the establish of an ambulatory surgery center at 205 Center Street, Third Floor, Mount Airy, for failure to implement within the 2-year time frame.

- **Acquisitions/Change of Ownership**

Joseph Richey Hospice – (Baltimore City)
Acquisition of Joseph Richey Hospice by Gilchrist Hospice Care, Inc.

- **Disposition of Temporarily Delicensed Bed Capacity or a Health Care Facility**

Ravenwood Nursing & Rehabilitation Center – (Baltimore City)
MHCC deems the 165-CCF beds temporarily delicensed effective 10/1/12 to be abandoned with the failure of Maryland Health & Rehab Holdings, LLC to file a Certificate of Need application on October 3, 2014 that met the minimal requirements for an application for Certificate of Need

CENTER FOR HEALTH INFORMATION and INNOVATIVE CARE DELIVERY

Health Information Technology
Staff participated in the Office of the National Coordinator for Health Information Technology's (ONC) Health Information Technology (health IT) Policy Committee (committee) meeting. The committee is tasked with developing recommendations on a policy framework for a national health information network infrastructure, which includes adopting transmission standards, services, and policies for the exchange of electronic health information. During the month, the committee reviewed technical recommendations to increase interoperability between electronic health records (EHRs). The recommendations included migrating the industry from legacy proprietary EHR systems to publicly available application programming interfaces for access to clinical documents and discrete data from EHRs, coupled with enabling increased consumer control of how data is used. The committee also

discussed the need for the federal government to play a strong role in interoperability and for the private sector to become more engaged in enabling data sharing.

During the month, staff provided guidance to providers and State-regulated payors (payors) in implementing the *State-Regulated Payor EHR Incentive Program* (State Incentive Program). Participating payors include: Aetna, Inc., CareFirst BlueCross BlueShield, CIGNA Health Care, Mid-Atlantic Region, Coventry Health Care, Kaiser Permanente, and UnitedHealthcare, Mid-Atlantic Region. The State Incentive Program was first introduced in 2011 and is outlined in COMAR 10.25.16, *Electronic Health Records Reimbursement* (regulations). Revisions to the regulations went into effect on June 9, 2014 requiring participating payors to provide primary care practices an incentive payment up to $15,000 if a practice meets one of the following criteria: (1) attests to meaningful use, or (2) participates in any MHCC-approved patient centered medical home (PCMH) program and achieves National Committee for Quality Assurance recognition as a Level 2. The implementation guidance clarified provisions in the revised regulations regarding the supporting documentation practices can provide to payors to demonstrate compliance with the State Incentive Program. Beginning October 7th, primary care practices are able to request incentives under the revised State Incentive Program.

Collaboration between staff, the Department of Health and Mental Hygiene, the Chesapeake Regional Information System for our Patients (CRISP), The Maryland State Medical Society, MedChi, and hospitals continued during the month as part of an ongoing effort to implement strategies aimed at increasing participation in the Centers for Medicare & Medicaid Services EHR Incentive Programs (federal incentive programs). The strategies were developed in the fall of 2013 and include: conducting four webinars about meaningful use registration and attestation; engaging hospitals in meaningful use outreach with community providers; developing a web-based resource center for meaningful use; and establishing a Maryland single point of contact to address meaningful use inquiries. CRISP was competitively selected to assist in implementing the strategies. All strategies have been implemented and continue to be tracked bi-weekly against established metrics; these metrics will be incorporated into an informational brief to be released early next year. During the month, staff also presented at the annual Maryland Association of Osteopathic Physicians Conference; discussions centered on updates pertaining to provider requirements for participating in the federal incentive programs, as well as health IT initiatives of the Commission.

Health Information Exchange

Staff participated in the CRISP Financial Advisory Group (Advisory Group) meeting. During the meeting, members reviewed the CRISP fiscal year 2014 financial statements and budget, and were provided an update on payor participation. The Advisory Group also discussed a potential fee model for new use case services, such as image exchange and analytics and reporting. CliftonLarsonAllen LLP (CLA) completed fieldwork for the annual financial audit (audit) of CRISP. CLA was competitively selected to assess CRISP's accounting practices, which includes quality control reviews of select programs funded by federal grants. CLA did not identify any significant deficiencies or material weaknesses; however, they did identify several opportunities in which CRISP could strengthen its internal controls and improve the efficiency of its operations. A report of the audit results is expected to be finalized by the end of this year.

Staff finalized the third annual legislative report (report) on the implementation of electronic preauthorization by payors and pharmacy benefit managers (PBMs). Health-General Article §§19-101 and 19-108.2 (2012) established three benchmarks which aim to create administrative efficiencies in the preauthorization process by eliminating paper-based processes and enabling the electronic submission of preauthorization requests via online portals. The law also allows providers to use a national transaction standard once established and adopted by the health care industry, as determined by MHCC; currently, national transaction standards are not widely available. The law was amended in May 2014 adding a fourth benchmark that requires payors and PBMs to allow providers to override a step therapy or fail-first protocol for pharmaceutical services by July 1, 2015. Staff plans to begin auditing payors' and PBMs' override processes next spring to ensure compliance with the fourth benchmark. Since providers must utilize payors' and PBMs' online portals beginning July 1, 2015, this year's report includes information

about payor and PBM promotion efforts regarding availability of their online portals to providers. The MHCC is required to report annually by December 31st through 2016 on payors' and PBMs' implementation and compliance with the law.

Data from the State's annual long term care survey (survey) was analyzed during the month to assess health IT adoption among all 233 comprehensive care facilities (CCFs) in Maryland. The survey collected information on CCFs' EHR adoption and health information exchange (HIE) needs. Preliminary survey results indicate an increase in CCFs' EHR adoption from around 58 percent in 2013 to about 72 percent in 2014. CCFs indicated their greatest HIE needs include the ability to electronically exchange data with hospitals, pharmacies, and laboratories. Results from the State's survey and the national assessment will be compiled to develop strategies for enhancing health IT adoption and use among CCFs in Maryland. A final report is expected to be released in the summer of 2015. During the month, staff also began to evaluate enhancements to next year's annual survey to help improve the quality and usefulness of the data collected; suggestions include adding questions on CCFs' adoption of telehealth technology and use of HIE services available through CRISP or another regional HIE. Audacious Inquiry was competitively selected to assist in completing the work.

During the month, staff launched activities for three telehealth demonstration projects. The goal of the telehealth demonstration projects is to assess how use of telehealth can improve transitions of care between acute and post acute care settings. An evaluation panel consisting of staff and external evaluators reviewed the grant applications received in response to the *Announcement for Grant Applications* released in August. A total of $87,888 was awarded across three grantees: (1) Atlantic General Hospital Corporation in partnership with Berlin Nursing and Rehabilitation Center; (2) Dimensions Healthcare System in partnership with Sanctuary of Holy Cross; and (3) University of Maryland Upper Chesapeake Health in partnership with the Bel Air facility of Lorien Health Systems; a dollar for dollar match is required from each grantee. The grantees will use telehealth technology to coordinate care delivery from a CCF to a general acute care hospital, specifically during hospital emergency room visits, admissions, and readmissions. In addition, the grantees are required to use an EHR and HIE services available through CRISP to assist in the coordination of care. Grantees are scheduled to begin implementing the telehealth demonstration projects in November, which will run for approximately nine months. Staff plans to have preliminary results on the impact of using telehealth from all of the grantees in the fall of 2015.

HIE registration for Calvert Memorial Hospital was approved during the month. COMAR 10.25.18, *Health Information Exchanges: Privacy and Security of Protected Health Information* (HIE regulations), requires HIEs operating in Maryland to register annually with MHCC. Registration involves an HIE's demonstration of its financial viability and implementation of certain policies and procedures related to the privacy and security of protected health information (PHI) that is stored and shared electronically. Four of the eight HIEs that were identified as needing to comply with the HIE regulations have completed the registration process; staff continues to evaluate registration information from the remaining four HIEs. During the month, staff convened an HIE Policy Board workgroup meeting. The HIE Policy Board is a staff advisory group tasked with recommending policies governing the electronic exchange of patients' PHI. During the meeting, members discussed potential policies in support of research and public health initiatives related to the release of secondary data from HIEs to certain entities, such as hospitals and academic institutions.

Staff continued analyzing data gathered as part of an environmental scan (scan) of HIEs operating in the State. The scan aims to assess HIE activity in Maryland to determine if there are any gaps in the existing HIE regulations that might allow for organizations to exchange PHI absent the privacy and security protections established in regulation. Findings will be used to develop recommendations for potential changes to the existing regulation. During the month, staff conducted a privacy and security assessment (assessment) to evaluate how other states govern HIEs and other organizations that facilitate the electronic exchange of PHI but do not meet the industry definition of an HIE. Five states with mature HIE governance models were included as part of the assessment: Massachusetts, Minnesota, New York, Pennsylvania, and Texas. Information gathered from the assessment will be used, in part, to inform staff

recommendations. STS Consulting Group was competitively selected to assist in completing the work. A report on the findings is expected to be released in early 2015.

Innovative Care Delivery
Staff convened a virtual meeting of the PCMH Program Transformation Workgroup, which is tasked with evaluating the expansion of advanced primary care models in the State when the Maryland Multi-Payor PCMH Program (MMPP) concludes at the end of 2015. During the meeting, participants reviewed a framework for an Innovative Care Delivery Program (ICD program) for Maryland. The proposed ICD program includes four key components: (1) *practice transformation program* designed to assist primary care practices in obtaining and retaining PCMH national recognition/accreditation; (2) *innovative care delivery monitoring program* to identify, survey, and assess innovative care delivery initiatives that combine clinical innovations with novel financing strategies to achieve the goals of the triple aim (i.e., better quality of care, improved patient experience, and lower cost); (3) s*ingle carrier innovative care delivery alignment program* to develop common standards for single carrier PCMH programs, accountable care organizations, and other innovative care delivery models, and; (4) *data and analytics program* in which practices, or carriers on behalf of practices, would report on a select subset of quality measures that reflect infrastructure, care delivery process, and patient outcomes of care.

Quality measure thresholds for the 2014 performance year were distributed during the month to MMPP practices. MMPP practices must meet or exceed the quality measure thresholds, as well as meet utilization and cost measures to qualify for shared savings incentive payments. Quality measures quantify a selected aspect of health care delivery by comparing it to evidence-based criteria that specify what constitutes better quality. Utilization measures quantify the extent to which a practice's patient population uses a particular service, such as inpatient hospitalization and emergency room services, within a specified time period. Cost measures quantify the change in health care costs from one time period to another. Staff also provided guidance to payors in developing and distributing the 2013 shared savings incentive payments earned by MMPP practices. MMPP-specific practice reports that include information on their attainment of the quality, utilization, and cost measures were posted on the MMPP practice portal. Next month, staff plans to convene a virtual meeting with MMPP practices to review the aggregate results of the 2013 MMPP performance year.

Electronic Health Networks & Electronic Data Interchange
During the month, staff assisted Allscripts and InstaMed with their electronic heath network (EHN) recertification. Approximately 40 EHNs operating in Maryland are certified with MHCC in accordance with COMAR 10.25.07, *Certification of Electronic Health Networks and Medical Care Electronic Claims Clearinghouse*. EHNs must receive national accreditation every two years, which includes their demonstration of compliance with over 100 criteria related to privacy, security, and business practices as part of the EHN certification process. Staff began drafting the 2013 Electronic Data Interchange (EDI) information brief. COMAR 10.25.09, *Requirements for Payors to Designate Electronic Health Networks* requires payors with premium volume exceeding $1M annually, as well as select specialty payors, to provide an EDI Progress Report to MHCC by June 30th each year. Staff anticipates finalizing the information brief by the end of this year.

National Networking
Staff attended three webinars during the month. *2014 Data Exchange Survey Results*, presented by the eHealth Initiative, provided information on the growth and progress of data exchange efforts across the U.S.; an expert panel of HIE representatives discussed how the 2014 findings relate to their experiences in building and maintaining an HIE. *2014 Mid-Year Rural Health Policy Roundup,* presented by the Southwest Telehealth Resource Center, highlighted the status of current congressional initiatives impacting rural health care, including information on new governmental administrative rulings and positions taken by the National Rural Health Association. *Electronic Prior Authorization into your Epic Workflow*, presented by Surescripts, showed how EHR integration of CompletEPA can streamline clinical workflows and cut costs by allowing physicians to complete and submit pharmaceutical preauthorization requests electronically. CompletEPA enables real-time processing and approval before prescriptions are routed to pharmacies.

CENTER FOR QUALITY MEASUREMENT AND REPORTING

Health Plan Quality & Performance

Annual public reporting of health benefit plan quality and performance is coming to a successful close. The three quality reports in the 2014 quality report series include the Consumer Edition, Quality Report 2014, released in September, the Comprehensive Quality Report 2014, released in October, and the Maryland Health Connection Quality Report 2014, which remains on track for timely public release by the Maryland Health Benefit Exchange (MHBE) prior to Open Enrollment on November 15th, and public release on the MHCC website on November 14th. The Maryland Health Connection Quality Report 2014 is produced for MHBE by MHCC, and contains summary 5-Star performance information that utilizes health benefit plan performance data as a proxy for qualified health plan performance.

Staff continues working with MHCC's AAG to execute a trademark for MHCC's newest quality measurement instrument, the Maryland Race/Ethnicity, Language, Interpreters, and Cultural Competency Assessment (RELICC)™. The trademark submission was completed previously, and full and formal Registered Trademark "®" status remains pending.

Staff is awaiting an update from MHBE regarding 2015 reporting requirements for qualified health plans. Two options under consideration include (1) whether MHBE intends to continue using proxy quality and performance results for qualified health plans inside the marketplace from MHCC's Quality and Performance Evaluation System for public reporting of performance by commercial health benefit plans outside the marketplace, or (2) whether MHBE intends to require quality reporting directly to federal authorities which is related to the Centers for Medicare & Medicaid Services' (CMS) proposed Quality Rating System (QRS) for Qualified Health Plans. According to MHBE, the QRS measure set has been developed by CMS and will also be fully implemented and paid for through federal processes.

Staff conducted a successful webinar with representatives from all carriers participating in quality and performance reporting in Maryland. Webinar participants discussed various items concerning the proposed 2015 Quality and Performance Reporting Requirements (QPRR). Through a collaborative effort, reporting requirements for commercial health benefit plans were meaningfully expanded and are currently posted on the MHCC website link noted here: http://mhcc.maryland.gov/mhcc/pages/apcd/apcd_quality/documents/hbp/CQM_HPQ_2015_QPRR_DOC_20141107.pdf.

Hospital Quality Initiatives

Maryland Health Care Quality Reports

Over the past five years, the Quality Measures Data Center (QMDC) website and secure portal has supported direct and timely access to detailed hospital quality and performance measures data for public reporting and for support of the HSCRC Quality Based Reimbursement (QBR) Program and efforts to modernize the Medicare Waiver. The QMDC, a major component of the Hospital Guide infrastructure, is being transformed into a single point of consumer access to quality and performance information on hospitals, other health care providers and health plans in Maryland. The new Maryland Health Care Quality Reports website is in the final stages of development. The link to the new Maryland Health Care Quality Reports test site was sent to hospitals for preview and comments. Two consumer focus group sessions were held on November 10th to obtain feedback on the format, functionality and content of the new site. The response from the focus groups was overwhelmingly positive. Additional recommendations for new features and content were received and incorporated in the site. The content on

the webpages has been reviewed and edited for readability level (6th to 8th grade level) and staff contact information is now more prominently displayed on the homepage to facilitate consumer engagement.

Healthcare Associated Infections (HAI) Data

MHCC staff continues to participate on a multi-state workgroup of the Council of State and Territorial Epidemiologists (CSTE). The workgroup is tasked with standardizing the display of HAI data for both consumer and health professional reporting.

Two interns from Johns Hopkins School of Public Health will be working with staff on a project focusing on health care worker influenza vaccination across health care settings. The two students will be with the center through mid-May of 2015.

Staff has finalized FY2014 CLABSI data and CY2013 SSI data which will be publicly reported on the new Hospital Guide when the new Maryland Health Care Quality Reports website is released in late November.

Maryland hospitals continue to report *Clostridium difficile* infections data (CDI LabID events) through CDC's NHSN surveillance system. The staff is also working with hospitals on the new HAI data requirements that became effective January 1, 2014 including MRSA bacteremia, catheter-associated urinary tract infection (CAUTI), and surgical site infections data for abdominal hysterectomy and colon surgery. Preparations have begun for the next audit of NHSN data.

Specialized Cardiac Services Data

The staff has completed the collection and processing of the 2Q2014 NCDR ACTION & CathPCI registry data. The first phase of the cardiac data validation process has been completed and work is underway to share audit findings with facilities. An educational webinar will be scheduled to provide overall results to hospitals and to address data quality concerns.

Long Term Care Quality Initiative

Consumer Guide to Long Term Care

Staff is working on updating the survey report format for nursing homes which will be more user friendly. Staff has also had two meetings with OHCQ staff to solve the issues associated with the assisted living survey reports which they continue to provide with errors and/omissions.

LTC HCW Influenza Survey

Staff was invited to attend the LTC Infection Control Practitioner (ICP) meeting on November 11, 2014. This was an opportunity to talk with nursing home ICPs who work with staff resistant to getting an influenza vaccine. Most frequently used reasons for not obtaining vaccine are consistent with reports in the literature: "I don't get sick; or I got the vaccine once and I still got sick."

The featured speaker for the meeting was a physician employed by a nursing home chain that experienced a Legionella pneumonia outbreak. Legionella is prevalent in all sources of water, and aging municipal and building water systems are more likely to be reservoirs for infection. 74% of all reported cases occur in persons who are immunosuppressed or 50 years or older. This makes the nursing home and assisted living populations particularly susceptible to this disease. In 2011, the US had 1.3 cases of legionella per 100,000 population while Maryland had twice that at 2.5 cases per 100,000.

Other

Staff attended two sessions held by the Office of Health Care Quality to give feedback on proposed regulations governing nursing homes. Positive changes to Infection Control Practitioner FTC requirements are included in the proposed regulations. That does not mean the changes will be in the regulations published in the Maryland Register for formal comments as there appears to be significant industry opposition. OHCQ has not announced a timeframe for publication.

Small Group Market

Health Insurance Partnership

The "Partnership" premium subsidy program has been available to certain small employers with 2 to 9 full time employees since October 1, 2008. As of November 12, 2014 enrollment in the Partnership was as follows: 153 businesses; 412 enrolled employees; 701 covered lives. The average annual subsidy per enrolled employee is $2,570; the average age of all enrolled employees is 41; the group average wage is almost $29,000; the average number of employees per policy is 4.3. The declines in coverage since year-end can be attributed to the phase-out of this state subsidy program as of June 2014. Other causes can be attributed to higher small employer premiums for ACA-compliant plans that now must be offered, as well as several small employers not renewing their 2013 group policies but instead sending their employees to the individual exchange where they might qualify for a premium tax credit or other cost sharing subsidies.

Since open enrollment for small businesses in Maryland's SHOP exchange was deferred until April 1, 2014, Commission staff made all the necessary technical/recoding changes to the Partnership website and Registry in order to keep the subsidy program open to employer groups with renewal dates between January 1, 2014 through May 31, 2014. For those subsidy groups whose policies expire between June 1, 2014 through December 31, 2014 they are able to purchase an Exchange-certified SHOP plan through the SHOP Direct Enrollment Option with help from an insurance agent, broker, or third party administrator (TPA), where they might qualify for federal tax credits of up to 50 percent of their paid premiums. Staff sent correspondence to each employer impacted by these changes about their coverage options. As stated in the Transition Notice issued last September, the Partnership was closed to new groups effective January 1, 2014.